



# 3rd Party Payment Authorization

## International LCT Show

Sands Expo & Convention Center - Las Vegas, NV  
February 17 - 19, 2020

Event Code: L117950220  
email: [lasvegas@shepardes.com](mailto:lasvegas@shepardes.com)  
phone: (702) 507-5278  
fax: (702) 948-0341

**Deadline** Monday, January 20, 2020

Return this form when a third party (any party other than exhibiting company) should be billed for services.

Both parties MUST sign this form indicating acceptance; otherwise, request will be denied.

When a third party is handling your display and/or paying for any services on your behalf, we will agree to this third party arrangement if the following payment is agreed upon and all signatures are properly completed.

By signing this form, both parties agree and understand that the exhibiting firm is responsible for all charges.

In the event that the named third party does not make payment by show close, Shepard will be paid by the exhibiting firm on demand at show site.

The show site invoice may or may not include any outbound services, such as additional material handling, rigging, and/or shipping charges.

### Step 1: Provide the Exhibiting Company Contact Information and Signature

Exhibiting Company Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

Exhibiting Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Exhibiting Company Authorized Name - Please Print: \_\_\_\_\_

Signature from Exhibiting Company: \_\_\_\_\_

### Step 2: Check Services Below to Bill to the Third Party

All Services

- Booth Cleaning
- Carpet
- Exhibit Rentals
- Installation/Dismantling Labor
- Logistics/Transportation
- Material Handling
- Furniture
- Overhead Rigging/Labor
- Other (please specify): \_\_\_\_\_

### Step 3: Provide Third Party Contact Information

3rd Party Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Step 4: Complete Third Party Credit Card Charge Authorization with Signature

#### Credit Card Information

(Required for all forms of payment)



Credit Card #: \_\_\_\_\_

Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Name on Card: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_